STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445490	A. BUILDING _____ B. WING _____	C 11/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVE MARIA HOME	2805 CHARLES BRYAN RD BARTLETT, TN 38134

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An investigation of complaint #TN00054397 was conducted on 10/5/2021 through 11/10/2021 at Ave Maria Home. Health Deficiencies were cited in relation to complaint #TN00054397 under 42 CFR Part 483 Requirements for Long Term Care Facilities.	F 000	1. Ave Maria Home will continue to follow facility policy and comprehensive care plans for resident transfers for all residents. 2. Resident # 1's ADL guide/ closet care plan was updated on 6-14-2021 to reflect the use of the Hoyer lift for transfers. 3. On 6-14-2021 an in-service was held with CNAs and nurses to review the process for following ADL guides / closet care plans as they relate to resident transfers. The in-service also reviewed the importance of reporting changes in resident status related to transfers. On 6-18-2021 an in-service was held with CNAs and nurses to review transfers and mobility. The therapy staff screened each resident in Resident #1's green house for current / proper transfer technique. This was completed 6-24-2021. 4. On 6-25-2021 the DON reviewed all ADL guides/ closet care plans in Resident #1's green house to ensure they accurately reflected the residents' comprehensive care plan for transfers.	Accept 11/24/2021 RW
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on policy review, medical record review, observation, and interview, the facility failed to follow the their policy and the comprehensive Care Plan for resident transfers for 1 of 3 sampled residents (Resident #1) reviewed for accident hazards. The findings include: Review of the facility's policy titled, "Safe Lifting and Movement of Residents," dated 7/2017, revealed "...In order to protect the safety and well-being of staff and residents, and to promote quality care, this facility uses appropriate techniques and devices to lift and move residents...Nursing staff, in conjunction with rehab staff, shall assess individual residents' needs for transfer assistance on an ongoing basis. Staff will	F 689		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Rebecca Lewis — TITLE: Administrator — (X6) DATE: 11-22-2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 689	Continued From page 1 document resident transferring and lifting needs in the care plan...Staff responsible for direct resident care will be trained in the use of manual...and mechanical lifting devices..." Review of the undated facility's policy titled, "ADL [Activities of Daily Living] Guides and Care Plan," revealed "...Care Plans...If you need support, a care plan is a document that specifies your assessed unique individual needs and outlines what type of support you should get, how the support will be given, as well as who should provide it...based on individual needs...Ensuring that an Elder receive the same care regardless of which care worker is on duty...Care Plans are flexible, meaning that when an elder care needs changing, the plan will be reviewed and adjusted accordingly to make sure it meets the elder needs and preferences ...What does a care plan include...assessed care needs...What type of support an elder need [needs]...Who should provide care...(ADLs) are basic tasks that must be accomplished every day for an individual to thrive...Transfer...Ambulation special need...Risk factors..." Review of the medical record, revealed Resident #1 was admitted to the facility on 3/5/2020 with diagnoses of Tibia Fracture, Fibula Fracture, Osteoarthritis, Osteoporosis, Osteopenia, Dementia, Depression, Epilepsy, Anxiety Disorder, Hypertension, Vitamin D Deficiency, and Muscle Weakness. Review of the Care Plan with a revision date of 3/31/2021, revealed "...ADL deficit related to impaired mobility/cognition...Use of lift and two-person assist with transfers..."	F 689	5. The DON or designee will audit at least 10 closet care plans per week for 8 weeks to ensure they accurately reflect each resident's comprehensive care plan for transfers. 6. Audit findings will be reviewed in the QAPI meetings by the committee for the next two quarters. 7. The Administrator will monitor for compliance. Completion Date 6/25/2021	

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F 689	Continued From page 2 Review of the ADL CARE GUIDE dated 4/2021, revealed "...TRANSFERS...assist of ONE...Gait Belt...Communication...Anticipate needs..." Observation in the resident's room on 10/5/2021 at 1:05 PM, revealed Resident #1 sat in a Broda chair at her bedside, was fully clothed, wore a sock and heel boot on her left foot, and had a hard cast on her right foot. Resident #1 was transferred from the Broda chair to the bed by 2-staff members who used the Hoyer Lift. During an interview on 10/5/2021 at 3:26 PM, the Administrator confirmed that they identified the ADL care guide/plan was not updated to indicate Resident #1's current status. The Administrator stated, "We spoke to staff...they said she had declined where we were now using the Hoyer Lift versus the 1-person pivot transfer..." The Administrator confirmed the Care Guide should accurately reflect the resident's current status. During a telephone interview on 11/6/2021 at 9:09 AM, Certified Nursing Assistant (CNA) #1 confirmed Resident #1 required total care. CNA #1 confirmed that the resident's Care Guide was posted on the inside of the door in each resident's closet and that was how staff knew what care the residents required. CNA #1 confirmed that she transferred Resident #1 alone on multiple occasions using the Hoyer lift. During a telephone interview on 11/8/2021 at 9:03 AM, CNA #2 was asked if she transferred Resident #1 using the Hoyer Lift by herself. CNA #2 stated, "Yes ma'am...majority of the time..." CNA #2 was asked should a resident who requires transfers with the lift be transferred by only 1 staff member. CNA #2 stated, "It should be	F 689		

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F 689	Continued From page 3 2 [staff members]." CNA #2 confirmed that if the resident required 2-person assist for transfer with the Hoyer Lift, her ADL Care Guide should accurately reflect that. During a telephone interview on 11/8/2021 at 2:01 PM, the Director of Nursing (DON) was asked to explain the Hoyer Lift process. The DON stated, "They [staff] are trained, checked off, and then they use 2-persons when using the Hoyer Lift..." The DON confirmed the Care Guide should accurately reflect the resident's current status. During a telephone interview on 11/10/2021 at 12:05 PM, the DON confirmed that staff should follow the Care Plan for the residents' care. The DON and the Administrator confirmed that Resident #1 was care planned for use of the lift with 2-person assistance for transfers on the comprehensive Care Plan that was implemented on 7/20/2020 and revised on 3/31/2021.	F 689		

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